

FAMILY FITNESS CENTER
YOUTH SPORTS REGISTRATION FORM

(Under 18 Years Old)

This form must be submitted to the Family Fitness Center front desk prior to the activity registration deadline. Please see individual flyers for specific dates and times. **Payment in full is required at time of registration.**

Please check one: Member ☐ Non-Member ☐

Participant Name: _____ **Gender:** Male Female (Circle one)

Birth Date: _____ **Age:** _____ **School:** _____

Parent/Legal Guardian: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Emergency Contact: _____ **Phone:** _____

Relationship to Participant: _____

I WOULD LIKE TO BE ON THE SAME TEAM AS _____
(This child's name must appear on registration form of child they wish to be with)

I WOULD LIKE TO COACH OR BE AN ASSISTANT COACH _____

SHIRT SIZE: (circle one) YXS (4) YS (6-8) YM (10-12) YL (14-16) AS AM

AGE CHILD WILL BE ON DATE OF FIRST GAME _____

RELEASE, INDEMNIFICATION & HOLD HARMLESS: I, the undersigned, represent that I am the parent or legal guardian of the above-name child/children. I hereby recognize and acknowledge that there inherent hazards and risks connected with certain activities and programs at the West Valley Fitness Center. The undersigned, on behalf of the above-named child/children (1) Knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the West Valley Family Fitness Center Rules and Procedures. The undersigned is aware of the content of the programs and activities of the Center and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Center, to release, defend, indemnify and hold West Valley City, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of West Valley City, its officers, agents, employees or volunteers.

I am the parent or legal guardian of _____, a participant in (insert program/league/organization). I have read this policy, understand it, and agree to abide by all of its terms. In particular, I understand that my child cannot participate in any sporting event of this organization until he or she has been cleared to participate by a qualified health care provider who has completed a continuing education course in the evaluation and management of a concussion within three years of evaluating my child. I understand that I cannot waive this requirement. I understand that if a coach or other employee or affiliate of the league or organization suspects a head injury or concussion, my child will be removed from participation until he or she is cleared.

The West Valley City Family Fitness Center does not discriminate on the basis of race, color, national origin, gender, age or disability for facility access, services or programs. If you are planning to visit the facility or enroll in a program and, due to a disability, need assistance for facility access or program participation, please notify the Family Fitness Center 48 hours or more in advance and we will try to provide whatever assistance may be required.

Signature _____

Date _____

OFFICE USE ONLY

CLASS NAME: _____

TRAINER/TEACHER NAME (N/A if not applicable): _____

SESSION BEGINNING DATE: _____ **SESSION DAYS:** _____

CLASS TIMES: _____ **CLASS FEES: \$** _____

Method of Payment: Cash Check Visa MasterCard Discover Am. Express

Cashier: _____ **Date:** _____

revised 01/26/15